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** CONTINUING DATA *****

This appln claims benefit of 60/258,556 12/29/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/20/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature _____ Initials _____	MN	22	30	4

ADDRESS

27581
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TITLE

Chronic pain patient care plan

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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